

R5-8303-01F

IL-0243-08

Form Approved OMB No. 158-S79016
GSA FPMR 246-EPA-07

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	NAME: PRESS HARD WHEN FILLING IN NAME & ADDRESS.
I. NAME OF INSTALLATION	AMERICAN LOUVER CO
II. INSTALLATION MAILING ADDRESS	STREET ADDRESS: 7700 AUSTIN AV, 000950 DEC
III. LOCATION OF INSTALLATION	CITY, STATE, & ZIP CODE: SKOKIE, ILL, 60077

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
ILD0050947352	A	80/12/19

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I. NAME OF INSTALLATION	EPA REGION V
AMERICAN LOUVER CO	

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
37700 AUSTIN AVE	SKOKIE	IL	60077

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
57700 AUSTIN AVE	SKOKIE	IL	60077

EPA Region 5 Records Ctr.



288949

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 KNIGHT GORDON B V P OPERATIONS	312-470-3327

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
8 AMERGLAS INDUSTRIES

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	F - FEDERAL M - NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
			<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
		ILD005094735

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

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IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 017	2	3	4	5	6
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30
7	8	9	10	11	12
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30
19	20	21	22	23	24
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30
25	26	27	28	29	30
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30
37	38	39	40	41	42
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30
43	44	45	46	47	48
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30


D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 30	23 - 30	23 - 30	23 - 30	23 - 30	23 - 30

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☐ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

VP OPERATIONS

DATE SIGNED

12/16/80